



Please type a plus sign (+) inside this box →

+

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Applicati n Numb r	09/720,451
Filing Date	DECEMBER 21, 2000
First Named Inv nt r	SAVERIO CARL FALCO ET AL.
Group Art Unit	1652
Examiner Name	D. RAMIREZ
Attorney Docket Number	BB1179USPCT

I hereby revoke all previous powers of attorney or authorizations of agent given in the above identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number

23906

PATENT TRADEMARK OFFICE

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City					
Country		State		ZIP	
Telephone		Fax			

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Barbara J. Massie
Signature	<i>Barbara J. Massie</i>
Date	7-28-2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

1652

RECEIVED

AUG 07 2003

TECH CENTER 1600/2900



Please type a plus sign (+) inside this box →



PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/720,451
Filing Date	DECEMBER 21, 2000
First Named Inventor	SAVERIO CARL FALCO ET AL.
Title	TETRAHYDROFOLATE METABOLISM ENZYMES
Group Art Unit	1652
Examiner Name	D. RAMIREZ
Attorney Docket Number	BB1179USPCT

I hereby appoint:

☒ Practitioners at Customer Number

23906

23906

PATENT TRADEMARK OFFICE

OR

☒ Practitioner(s) named below:

Name	Registration Number
J. KENNETH JOUNG	41,881
LORI Y. BEARDELL	34,293
LYNNE M. CHRISTENBURY	30,971

RECEIVED

AUG 07 2003

TECH CENTER 1600/2900

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number

OR

☐ Practitioners at Customer Number

Place Bar Code Label Here

OR

☐ Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	BARBARA J. MASSIE
Signature	<i>Barbara J. Massie</i>
Date	7-28-2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: E.I. du Pont de Nemours and CompanyApplication No./Patent No.: 09/720,451Filed/Issue Date: December 21, 2000Entitled: TETRAHYDROFOLATE METABOLISM ENZYMESE.I. du Pont de Nemours and Company

CORPORATION

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ The assignee of the entire right, title, and interest; or
2. ☐ An assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is _____ %

In the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 011466, Frame 0147, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, Or for which a copy thereof is attached.

2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, Or for which a copy thereof is attached.

3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, Or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

7-28-2003

Date

BARBARA J. MASSIE

Typed or printed name

Barbara J. Massie

Signature

ASSISTANT SECRETARY - PATENT BOARD

Title

RECEIVED

AUG 07 2003

TECH CENTER 1600/2900



Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

AUG 0 7 2003

on July 31, 2003
Date

TECH CENTER 1600/2900

Signature

SUSAN DURKEE

Type or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

APPLICATION NO: 09/720,451
DUPONT DOCKET NO: BB1179USPCT
REVOCATION AND POWER OF ATTORNEY OR AUTHORIZATION OF AGENT
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT
STATEMENT UNDER 37 CFR 3.73(b)
CERTIFICATE OF MAILING
RETURN POSTCARD